

CLAIM NUMBER _____

NOTICE OF CLAIM

CHAPTER X OF THE CHARTER OF THE CITY OF ARLINGTON REQUIRES WRITTEN NOTICE BEFORE ANY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE MAY BE CONSIDERED. THIS FORM MUST BE COMPLETED AND FILED **WITHIN 180 DAYS** OF THE INJURY OR DAMAGE WITH:

City of Arlington
City Secretary
Post Office Box 90231-MS#01-0110
101 West Abram Street
Arlington, Texas 76004-3231

PLEASE COMPLETE BOTH SIDES OF THIS FORM. ALL QUESTIONS REGARDING YOUR CLAIM SHOULD BE DIRECTED TO RISK MANAGEMENT AT (817) 459-6309.

IF A MEETING IS NECESSARY, APPOINTMENTS ARE REQUESTED TO ENSURE THE APPROPRIATE STAFF IS AVAILABLE TO ASSIST YOU.

I. _____
Full Name Phone Number (s)

Mailing Address City State Zip

II. The TOTAL amount of your claim against the City is \$ _____.

III. State the location, date and time of the personal injury or property damage.

Location: _____

Date: _____ Time: _____

IV. How did the personal injury or property damage occur?

V. Why do you believe the City of Arlington is responsible for the injury or damage?

- VI. Provide the names, addresses and phone numbers of any witnesses, and/or City employees involved.

- VI. COMPLETE THE FOLLOWING SECTION FOR PROPERTY DAMAGE CLAIM:
Specify the property damaged and attach repair bills or at least two estimates.

- VII. COMPLETE THE FOLLOWING SECTION FOR PERSONAL INJURY CLAIM:
Specify all personal injuries you claim and attach copies of all medical reports, medical bills, lost wage statements and any other documents to support your claim.

Date

Signature of Claimant

*

Social Security Number

***YOUR SOCIAL SECURITY NUMBER IS REQUESTED TO COMPLETE THE REPORTING REQUIREMENTS OF AN IRS 1099 FORM, SHOULD A CLAIM SETTLEMENT BE MADE.**